

SENATE No. 869

The Commonwealth of Massachusetts

PRESENTED BY:

Mr. Richard T. Moore

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

An Act Requiring the Public Reporting of Potentially Preventable Hospital Readmissions.

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Mr. Richard T. Moore	Worcester and Norfolk
Jennifer M. Callahan	18th Worcester

The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

AN ACT REQUIRING THE PUBLIC REPORTING OF POTENTIALLY PREVENTABLE HOSPITAL READMISSIONS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 16K of chapter 6A of the General Laws is hereby amended by
2 deleting in subsection (e)(iv) in its entirety and inserting in place thereof the following section:
3 “(iv) data concerning healthcare-acquired infections, serious reportable events, and potentially
4 preventable readmissions reported under section 51H of chapter 111.”

5 SECTION 2. Section 51H of chapter 111 of the General Laws is hereby amended by inserting in
6 section (a) the following definition:- “Potentially preventable readmission”, an admission to an
7 acute care facility that follows a prior acute care admission within a specific time interval to be
8 defined by the Division of Health Care Finance and Policy that is (1) clinically related to a prior
9 admission; (2) potentially preventable, if there was a reasonable expectation that it could have
10 been prevented by one or more of the following: (a) the provision of quality care in the initial
11 hospitalization, (b) adequate discharge planning, (c) adequate post-discharge follow up, or (d)
12 improved coordination between inpatient and outpatient health care teams.

13 SECTION 3. the Division of Health Care Finance and Policy will promulgate regulations further
14 defining “potentially preventable readmission”, including where appropriate the specific time
15 interval(s) to be applied in Section 2.

16 SECTION 4. Section 51H of chapter 111 of the General Laws is further amended in by
17 eliminating section (b) in its entirety and inserting the following section:

18 A facility shall report data and information about healthcare-associated infections, serious
19 reportable events, and potentially preventable readmissions. A serious reportable event shall be
20 reported by a facility no later than 15 working days after its discovery. Reports shall be made in
21 the manner and form established by the department in its regulations. The department may
22 require facilities to register in and report to nationally recognized quality and safety
23 organizations.

24 SECTION 5 Section 51H of chapter 111 of the General Laws is further amended in by
25 eliminating section (b) in its entirety and inserting the following section:

26 A facility shall report data and information about healthcare-associated infections, serious
27 reportable events, potentially preventable readmissions, and serious adverse drug events. A
28 serious reportable event shall be reported by a facility no later than 15 working days after its
29 discovery. Reports shall be made in the manner and form established by the department in its
30 regulations. The department may require facilities to register in and report to nationally
31 recognized quality and safety organizations.

32 SECTION 6. Notwithstanding the provisions of any general or special law to the contrary, there
33 is hereby established a special task force to study the driving factors leading to potentially
34 preventable readmissions in the Commonwealth, including patient care settings, patient care

35 transfers, and post-hospitalization follow-up care. The task force shall investigate and report on
36 recent trends in potentially preventable readmissions, the systems analyses related to these
37 trends, and the impact of these trends on the health care delivery system. The task force shall
38 also develop and recommend strategies to eliminate potentially preventable readmissions in the
39 Commonwealth and shall serve as a clearinghouse for initiatives being undertaken across the
40 state to eliminate potentially preventable readmissions.

41 The task force shall be comprised of 23 members, including the Commissioner of the Division of
42 Health Care Finance and Policy or his designee, who shall serve as the chair, the House and
43 Senate Chairs of the Joint Committee on Health Care or their designee, the Commissioner of
44 Public Health or his designee; the Coordinator of the Health Care Quality and Cost Council or
45 his designee, the Director of the Office of Medicaid Services or his designee, the Director of the
46 Board of Registration in Nursing or his designee; the Director of the Board of Registration in
47 Medicine or his designee; and one representative from each of the following organizations: the
48 Massachusetts Hospital Association, the Massachusetts Medical Society, the Massachusetts
49 Extended Care Federation, the Home Care Alliance of Massachusetts, Blue Cross Blue Shield of
50 Massachusetts, Tufts Health Plan, Harvard Pilgrim Health Plan, the Massachusetts Association
51 of Health Plans, Partners Health Care, the Massachusetts Coalition for the Prevention of Medical
52 Errors, the Betsy Lehman Center for Patient Safety and Medical Error Reduction, Health Care
53 For All, MassPro, the Institute for Healthcare Improvement and the Associated Industries of
54 Massachusetts. The task force shall file a report of its study, including its recommendations and
55 drafts of any legislation, if necessary, with the clerks of the Senate and House of Representatives
56 by December 31, 2009.

57 SECTION 7. Section 4 shall take effect on July 1, 2009.

58 SECTION 8. Section 5 shall take effect on October 1, 2012.